


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: City of Angels			Organizational Unit: Department:	
Organizational DUNS:			Division:	
Address: Street: P.O. Box 667			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Gary	
City: Angels Camp				
County: Calaveras			Middle Name Steven	
State: California			Last Name Ghio	
Zip Code 95222			Suffix:	
Country:			Email: wgainc3@goldrush.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000292			Phone Number (give area code) (209) 754-1824	Fax Number (give area code) (209) 754-1092
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program 10-760			9. NAME OF FEDERAL AGENCY: USDA, Rural Utilities Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Angels, Calaveras County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design and construction of ultra-violet disinfection and stream discharge facilities at existing 0.6 MG wastewater treatment plant.	
13. PROPOSED PROJECT Start Date: 10/07 Ending Date: 7/09			14. CONGRESSIONAL DISTRICTS OF: John T. Doolittle a. Applicant 4th b. Project 4th	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	3,700,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	3,700,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Timothy	Middle Name A.	Suffix	
Last Name Shearer			c. Telephone Number (give area code) (209) 736-2181	
b. Title City Administrator			e. Date Signed 8/13/07	
d. Signature of Authorized Representative 				

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8/17/2007	Applicant Identifier #49
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Trinity Resource Conservation & Development Council		Organizational Unit: Department:	
Organizational DUNS: 136 722 910		Division:	
Address: Street: P. O. Box 2183 #3 Horseshoe Lane City: Weaverville County: Trinity State: California Zip Code: 96093-2183		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Patrick Middle Name: Last Name: Truman Suffix:	
Country: USA		Email: truman@effnet.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0396859		Phone Number (give area code) (530) 623-2009 Ex.3	Fax Number (give area code) (530) 623-2353
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-664		9. NAME OF FEDERAL AGENCY:	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TRINITY COUNTY'S WOODY BIOMASS COORDINATION PROJECT			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Trinity County, California			
13. PROPOSED PROJECT Start Date: 10/1/07 Ending Date: 9/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Second b. Project Second	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,184.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/17/07	
b. Applicant	\$ 500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 40,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 40,700.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 165,384.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Patrick	Middle Name	
Last Name Truman		Suffix	
b. Title President		c. Telephone Number (give area code) (530) 623-2009 Ext. 3	
d. Signature of Authorized Representative		e. Date Signed 8/17/07	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

EPA-OAR-TRPD-07-09

Version 02

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: Sacramento Metropolitan Air Quality Management District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0382186			* c. Organizational DUNS: 026453899		
d. Address:					
* Street1: 777 12th Street, 3rd Floor					
Street2: <input type="text"/>					
* City: Sacramento					
County: Sacramento					
* State: California					
Province: <input type="text"/>					
* Country: United States					
* Zip / Postal Code: 95814					
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms		* First Name: Pamela			
Middle Name: <input type="text"/>					
* Last Name: Rader					
Suffix: <input type="text"/>					
Title: Senior Accountant					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: 916.874.3971 Fax Number: 916.874.4805					
* Email: prader@airquality.org					

RECEIVED

AUG 20 2007

STATE CLEARING HOUSE

OMB Number: 4040-0004

Expiration Date: 01/31/2009

EPA-OAR-TRPD-07-09

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Special District - Air Quality

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-0001

CFDA Title:

Air Pollution Control Program Support

* 12. Funding Opportunity Number:

EPA-OAR-TRPD-07-09

* Title:

Mobile Source Outreach Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of California, County of Sacramento

* 15. Descriptive Title of Applicant's Project:

Long-Haul Trucker Outreach

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

EPA-DAR-TRPD-07-03

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 03

* b. Program/Project 03

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 01/01/2008

* b. End Date: 12/31/2009

18. Estimated Funding (\$):

* a. Federal	\$100,000.00
* b. Applicant	\$200,000.00
* c. State	\$1,200,000.00
* d. Local	
* e. Other	\$400,372.00
* f. Program Income	
* g. TOTAL	\$1,900,372.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/24/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr

* First Name: Larry

Middle Name: F

* Last Name: Greene

Suffix:

* Title: Executive Director/Air Pollution Control Officer

* Telephone Number: 916.847.4802

Fax Number: 916.847.4805

* Email: lgreene@airquality.org

* Signature of Authorized Representative:

Date Signed: 8/20/07

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/20/07	Applicant Identifier
3. DATE RECEIVED BY STATE		State Applicant Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: **The CSU, Chico Research Foundation**

Address (give city, county, state, and zip code):
**Building 25
CSU, Chico
Chico, CA 95929-0870**

Organizational Unit:
Name and telephone number of person to be contacted on matters involving this application (give area code)
**Carol Sager
casager@csuchico.edu
Phone: (530) 898-5700**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68 - 0386518

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒ I

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:
**U. S. Department of Commerce
Economic Development Administration**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 1 . 3 0 3
TITLE: **Economic Development Technical Assistance**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
**Center for Economic Development/CSU, Chico Research
Foundation's funding proposal for the Economic Development
Administration, Department of Commerce's EDA's Western
Conference**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
EDA's Western Region

13. PROPOSED PROJECT: Start Date **9/1/07** Ending Date **8/31/08**

14. CONGRESSIONAL DISTRICTS OF: a. Applicant **2** b. Project **1,2**

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/21/07 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 47,000.00	
b. Applicant	\$ 47,000.00	
c. State	\$.00	
d. Local	\$.00	
e. Other - Private Investment	\$	
f. Program Income	\$.00	
g. TOTAL	\$ 94,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.




a. Typed Name of Authorized Representative Carol Sager	b. Title Director, Office of Sponsored Programs	c. Telephone number 530-898-5700
d. Signature of Authorized Representative 		e. Date Signed 8/21/07

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED 07/30/2007		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		4. Federal Identifier DE-FG02-84ER45083 renewal	
5. APPLICANT INFORMATION * Legal Name: Regents of the University of California Department: Office of Research Admin. * Street1: 300 University Tower * City: Irvine Province: Division: University of CA Irvine Street2: County: Orange * Country: USA: UNITED STATES		* Organizational DUNS:046705849 State: CA: California ZIP/Postal Code: 92697	
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Darlene Sullivan * Phone Number: 949-824-0341 Fax Number: 949-824-2094 Email: dksutliv@uci.edu			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 95-2226406		7. * TYPE OF APPLICANT H: Public/State Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input type="radio"/> New <input type="radio"/> Resubmission <input checked="" type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Electron Probes of Nanoscale and Subnanoscale Structures and their Dynamics			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) N/A			
13. PROPOSED PROJECT: * Start Date: 02/01/2008 * Ending Date: 01/31/2011		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: 48 b. * Project: 48	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Douglas L. Mills Position/Title: Research Professor * Organization Name: University of California Irvine Department: ISIS/ORU Division: University of CA Irvine * Street1: 2129 Frederick Reines Hall Street2: * City: Irvine County: Orange * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 92697 * Phone Number: 949-824-5148 Fax Number: 949-824-2174 * Email: dimills@uci.edu			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding \$242,470.00 <u>315,341</u> b. * Total Federal & Non-Federal Funds \$312,470.00 <u>315,341</u> c. * Estimated Program Income \$312,470.00 <u>0</u>		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 07/30/2007 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																														
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																																																
19. Authorized Representative <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Prefix:</td> <td style="width: 30%;">* First Name: Darlene</td> <td style="width: 20%;">Middle Name:</td> <td style="width: 20%;">* Last Name: Sullivan</td> <td style="width: 15%;">Suffix:</td> </tr> <tr> <td colspan="2">* Position/Title: Contract and Grant Officer</td> <td colspan="3">* Organization Name: Regents of the University of California</td> </tr> <tr> <td colspan="2">Department: Office of Research Admin.</td> <td colspan="3">Division: University of CA Irvine</td> </tr> <tr> <td colspan="2">* Street1: 300 University Tower</td> <td colspan="3">Street2:</td> </tr> <tr> <td colspan="2">* City: Irvine</td> <td>County: Orange</td> <td colspan="2">* State: CA: California</td> </tr> <tr> <td>Province:</td> <td colspan="2">* Country: USA: UNITED STATES</td> <td colspan="2">* ZIP / Postal Code: 92697</td> </tr> <tr> <td>* Phone Number: 949-824-0341</td> <td colspan="2">Fax Number: 929-824-2094</td> <td colspan="2">* Email: dksullivan@uci.edu</td> </tr> <tr> <td colspan="3" style="text-align: center;">* Signature of Authorized Representative</td> <td colspan="2" style="text-align: center;">* Date Signed</td> </tr> <tr> <td colspan="3" style="text-align: center;">Darlene Sullivan </td> <td colspan="2" style="text-align: center;"><u>07/30/2007</u></td> </tr> </table>				Prefix:	* First Name: Darlene	Middle Name:	* Last Name: Sullivan	Suffix:	* Position/Title: Contract and Grant Officer		* Organization Name: Regents of the University of California			Department: Office of Research Admin.		Division: University of CA Irvine			* Street1: 300 University Tower		Street2:			* City: Irvine		County: Orange	* State: CA: California		Province:	* Country: USA: UNITED STATES		* ZIP / Postal Code: 92697		* Phone Number: 949-824-0341	Fax Number: 929-824-2094		* Email: dksullivan@uci.edu		* Signature of Authorized Representative			* Date Signed		Darlene Sullivan 			<u>07/30/2007</u>	
Prefix:	* First Name: Darlene	Middle Name:	* Last Name: Sullivan	Suffix:																																												
* Position/Title: Contract and Grant Officer		* Organization Name: Regents of the University of California																																														
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* Street1: 300 University Tower		Street2:																																														
* City: Irvine		County: Orange	* State: CA: California																																													
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* Phone Number: 949-824-0341	Fax Number: 929-824-2094		* Email: dksullivan@uci.edu																																													
* Signature of Authorized Representative			* Date Signed																																													
Darlene Sullivan 			<u>07/30/2007</u>																																													
20. Pre-application File Name: Mime Type:																																																
21. Attach an additional list of Project Congressional Districts if needed. File Name: Mime Type:																																																

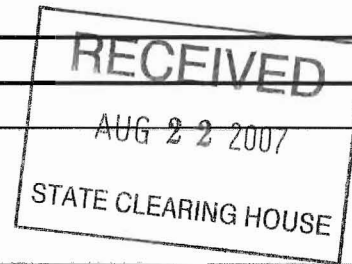
DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Project ID:	CA-95-X014-00
Budget Number:	1 - Budget Pending Approval
Project Information:	CMAQ Facility-Alternate Fuel

**Part 1: Recipient Information**

Project Number:	CA-95-X014-00
Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Address:	1700 WEST 162ND ST. , GARDENA, CA 90247 0000
Telephone:	(310) 217-9523
Facsimile:	(310) 538-1989

Union Information

Recipient ID:	1640
Union Name:	GARDENA MUNICIPAL EMPLOYEE ASSOCIATION
Address 1:	100 Oceangate, Suite 1200
Address 2:	
City:	Long Beach, CA 90802 0000
Contact Name:	Fred Quiel
Telephone:	(562) 628-5551
Facsimile:	(760) 631-7780
E-mail:	fgq@mindspring.com
Website:	

Recipient ID:	1640
Union Name:	AFSCME, LOCAL 1117
Address 1:	1618 Gramercy Avenue
Address 2:	
City:	Torrance, CA 90501
Contact Name:	Jeanie Moorman

Contact Name:	Office Administrator
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	mjaklevick@teamsters911.com
Website:	

Recipient ID:	1640
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 Cypress Avenue
Address 2:	
City:	Irwindale, CA 91706
Contact Name:	James Williams
Telephone:	(162) 696-2998
Facsimile:	(213) 962-8079
E-mail:	utujaw@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	GMEO-GARDENA MGMT. EMPLOYEE ORGANIZATION
Address 1:	Howard Hugh Center Drive
Address 2:	6701 Center Drive West
City:	Los Angeles, CA 90045
Contact Name:	Vicky Barker
Telephone:	(310) 337-1222
Facsimile:	(310) 337-9494
E-mail:	vbarker@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	234 Loma Drive
Address 2:	
City:	Los Angeles, CA 90026
Contact Name:	Cheryl Parisi
Telephone:	(121) 338-9914
Facsimile:	(213) 484-9629
E-mail:	cparisi@afscme.org
Website:	www.afscme.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 Lynrose Drive
Address 2:	

Address 2:	
City:	Washington, DC 02005 4101
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3491
E-mail:	sterna@seiu.org
Website:	info.seiu.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	1625 Massachusetts Avenue, NW
Address 2:	
City:	Washington, DC 20036
Contact Name:	Carmen Parcelli, ESq (GE&C)
Telephone:	(301) 938-4910
Facsimile:	(202) 624-7420
E-mail:	cparcelli@tcunion.org
Website:	tcunion.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	3 Rearch Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369
E-mail:	rscardelletti@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	c/o Carmen Parcelli, Esq (GE&C
Address 2:	1625 Massachusetts Aneuen, NW
City:	Washinton, DC 20036 2243
Contact Name:	Robert Clayman, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

Part 2: Project Information

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 3, 2006	Applicant Identifier V-00940411-0
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION Legal Name: DEPARTMENT OF TOXIC SUBSTANCES CONTROL		Organizational Unit: Department: SITE MITIGATION PROGRAM	
Organizational DUNS:		Division:	
Address: Street: 1001 I STREET, FLOOR 11-4, PO BOX 806		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix:	First Name: JESSIE
County: SACRAMENTO		Middle Name	
State: CALIFORNIA		Last Name UGALDE	
Zip Code 95812-0806		Suffix:	
Country: UNITED STATES		Email: JUGALDE@DTSC.CA.GOV	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][8]-[0][2][8][1][3][8][1]		Phone Number (give area code) 916 323-2962	Fax Number (give area code) 916 323-3500
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. STATE Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [6][6]-[8][0][2] TITLE (Name of Program): CERCLA		9. NAME OF FEDERAL AGENCY: UNITED STATES ENVIRONMENTAL PROTECTION AGENCY	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SUPERFUND MULTI-SITE MANAGEMENT ASSISTANCE TO PROVIDE OVERSIGHT OF FEDERAL NATIONAL PRIORITY LIST SITES	
13. PROPOSED PROJECT Start Date: 7/1/2007 Ending Date: 6/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant DISTRICTS 3 & 4 CALIFORNIA b. Project	
15. ESTIMATED FUNDING: a. Federal \$ 600,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 600,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/10/2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name HAMID Middle Name Last Name SAEBFAR Suffix b. Title ACTING DEPUTY DIRECTOR c. Telephone Number (give area code) (916) 323-3556 (FID) 551-2876 d. Signature of Authorized Representative [Signature] e. Date Signed 5/10/07		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

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Prescribed by OMB Circular A-102

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AUG 22 2007

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Proapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

AUG 22 2007

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

6. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956006143

* c. Organizational DUNS:

0925303690000

d. Address:

* Street1: Office of Contract & Grant Admin

Street2: 10920 Wilshire Boulevard, Suite 1200

* City: Los Angeles

County: Los Angeles

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90024

e. Organizational Unit:

Department Name:

UCLA Department of Medicine

Division Name:

NanoMedicine

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Deepee

Middle Name:

* Last Name: Sahota

Suffix:

Title: Grant Analyst

Organizational Affiliation:

Office of Contract & Grant Admin

* Telephone Number: (310) 794-0259

Fax Number: (310) 943-1657

* Email: dsahota@resadmin.ucla.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

06.509

CFDA Title:

Science To Achieve Results (STAR) Research Program

* 12. Funding Opportunity Number:

EPA-G2007-STAR-R1

* Title:

Nanotechnology Research Grants Investigating Fate, Transport, Transformation, and Exposure of Engineered Nanomaterials: A Joint Research Solicitation - EPA, NSF, & DOE

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

N/A

* 15. Descriptive Title of Applicant's Project:

The link between ZnO nanoparticle solubility and toxicity

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-030

* b. Program/Project CA-030

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 03/01/2008

* b. End Date: 02/28/2010

18. Estimated Funding (\$):

* a. Federal	400,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	400,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/22/07.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Raellen

Middle Name:

* Last Name: Man

Suffix:

* Title: Dir. Research Admin.

* Telephone Number: (310) 825-8112 Fax Number: (310) 794-7988

* Email: domdra@mednet.ucla.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

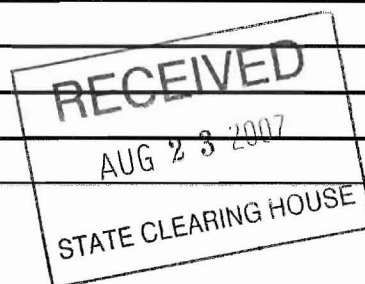
DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Project ID:	CA-90-Y451-00
Budget Number:	1 - Budget Pending Approval
Project Information:	TRANSIT FACILITY, PM, EQUIPMENT



Part 1: Recipient Information

Project Number:	CA-90-Y451-00
Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Address:	1700 WEST 162ND ST. , GARDENA, CA 90247 0000
Telephone:	(310) 217-9523
Facsimile:	(310) 538-1989

Union Information

Recipient ID:	1640
Union Name:	GARDENA MUNICIPAL EMPLOYEE ASSOCIATION
Address 1:	100 Oceangate, Suite 1200
Address 2:	
City:	Long Beach, CA 90802 0000
Contact Name:	Fred Quiel
Telephone:	(562) 628-5551
Facsimile:	(760) 631-7780
E-mail:	fgq@mindspring.com
Website:	

Recipient ID:	1640
Union Name:	AFSCME, LOCAL 1117
Address 1:	1618 Gramercy Avenue
Address 2:	
City:	Torrance, CA 90501
Contact Name:	Jeanie Moorman

Contact Name:	Office Administrator
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	mjaklevick@teamsters911.com
Website:	

Recipient ID:	1640
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 Cypress Avenue
Address 2:	
City:	Irwindale, CA 91706
Contact Name:	James Williams
Telephone:	(162) 696-2998
Facsimile:	(213) 962-8079
E-mail:	utujaw@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	GMEO-GARDENA MGMT. EMPLOYEE ORGANIZATION
Address 1:	Howard Hugh Center Drive
Address 2:	6701 Center Drive West
City:	Los Angeles, CA 90045
Contact Name:	Vicky Barker
Telephone:	(310) 337-1222
Facsimile:	(310) 337-9494
E-mail:	vbarker@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	234 Loma Drive
Address 2:	
City:	Los Angeles, CA 90026
Contact Name:	Cheryl Parisi
Telephone:	(121) 338-9914
Facsimile:	(213) 484-9629
E-mail:	cparisi@afscme.org
Website:	www.afscme.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 Lynrose Drive
Address 2:	

Address 2:	
City:	Washington, DC 02005 4101
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3491
E-mail:	sterna@seiu.org
Website:	info.seiu.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	1625 Massachusetts Avenue, NW
Address 2:	
City:	Washington, DC 20036
Contact Name:	Carmen Parcelli, ESq (GE&C)
Telephone:	(301) 938-4910
Facsimile:	(202) 624-7420
E-mail:	cparcelli@tcunion.org
Website:	tcunion.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	3 Rearch Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369
E-mail:	rscardelletti@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	c/o Carmen Parcelli, Esq (GE&C
Address 2:	1625 Massachusetts Aneuen, NW
City:	Washinton, DC 20036 2243
Contact Name:	Robert Clayman, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

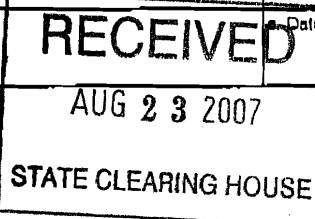
Part 2: Project Information

ATTACHMENT III - SF 424

Date of form: January 31, 2006

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED August 23, 2007		Applicant Identifier										
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE		State Application Identifier										
Construction <input type="checkbox"/>		4. DATE REC'D BY FEDERAL AGENCY		Federal Identifier										
Non-Construction <input checked="" type="checkbox"/>														
5. APPLICANT INFORMATION														
Legal Name: State of California, Employment Development Department			Organizational Unit: Department: Employment Development Department											
Organizational DUNS: 61-421-5531			Division: Fiscal Programs Division											
Address: (Street, City, County, State, Zip Code) 800 Capitol Mall, MIC 20 Sacramento, Sacramento County, CA 95814			Name and telephone number of person to be contacted on matters involving this application (Prefix, First, MI, Last) Ms. Molly Matubang, Workforce Services Manager											
			Email: MMatubang@edd.ca.gov											
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94 - 2650401			Phone number (give area code) (916) 654-7131											
8. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). (See back of form for description of letters) A C Other (specify)			7. TYPE OF APPLICANT (See back of form for Application Types) A. State Other (specify)											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"> <tr><td>17</td><td>001</td><td>(DVOP)</td></tr> <tr><td>17</td><td>004</td><td>(LVER)</td></tr> <tr><td>17</td><td>007</td><td>(TAP)</td></tr> </table> TITLE (Name of Program): Jobs for Veterans State Grant			17	001	(DVOP)	17	004	(LVER)	17	007	(TAP)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jobs for Veterans State Grant		
17	001	(DVOP)												
17	004	(LVER)												
17	007	(TAP)												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Statewide			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Sacramento-3 b. Project Statewide (1-53)											
13. PROPOSED PROJECT: Start Date: October 1, 2007 Ending Date: September 30, 2008			15. ESTIMATED FUNDING:											
a. Federal (total of current funding)		\$10,289,000												
b. Applicant		\$												
c. State		\$												
d. Local		\$												
e. Other (TAP, Approved Special Initiatives)		\$987,000												
f. Program Income		\$												
g. TOTAL		\$17,276,000												
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 8/23/2007 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372. <input type="checkbox"/> OR, PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW														
17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No														
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES, IF THE ASSISTANCE IS AWARDED.														
a. Authorized Representative														
Prefix Ms.		First Name Laura		Middle Name										
Last Name Anderson				Suffix										
b. Title Chief, Fiscal Programs Division		c. Telephone Number (give area code) (916) 654-8221		Date Signed 8/23/07										
d. Signature of Authorized Representative <i>Laura Anderson</i>														

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED 		Applicant Identifier 	
3. DATE RECEIVED BY STATE 		State Application Identifier 		4. Federal Identifier 	

5. APPLICANT INFORMATION * Organizational DUNS: 047120084
 * Legal Name: The Regents of the University of California
 Department: Sponsored Programs Division: Office of Research
 * Street1: 1850 Research Park Drive Street2:
 * City: Davis County: Yolo * State: CA: Californ
 Province: * Country: UNITED ST * ZIP / Postal Code: 95618

 Person to be contacted on matters involving this application
 Prefix: * First Name: Dana Middle Name: * Last Name: Chavez Suffix:
 * Phone Number: 530-752-4071 Fax Number: 530-752-8502 Email: dchavez@ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-8036494	7. * TYPE OF APPLICANT: H; Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?	9. * NAME OF FEDERAL AGENCY: Chicago Service Center 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Mechanism and Significance of Protein Maturation and Targeting In the Biogenesis of Photosynthetic Compartments

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
 Multiple Countries

13. PROPOSED PROJECT: * Start Date * Ending Date 05/01/2008 04/30/2011	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project CA-001 CA-001
---	--

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
 Prefix: * First Name: Kenlaro Middle Name: * Last Name: Inoue Suffix:
 Position/Title: Assistant Professor * Organization Name: The Regents of the University of California
 Department: Plant Sciences Division: Office of Research
 * Street1: One Shields Avenue Street2:
 * City: Davis County: Yolo * State: CA: Californ
 Province: * Country: UNITED ST * ZIP / Postal Code: 95616
 * Phone Number: (530)752-7931 Fax Number: (530)752-8859 * Email: kinoue@ucdavis.edu

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AUG 27 2007

STATE CLEARING HOUSE

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLIC. FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 444,189.63

b. * Total Federal & Non-Federal Funds 444,189.63

c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 08/27/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Marie Middle Name: * Last Name: Rossi Suffix:

* Position/Title: Contracts and Grants Analyst * Organization: The Regents of the University of California

Department: Sponsored Programs Division: Office of Research

* Street1: 1850 Research Park Drive Street2:

* City: Davis County: Yolo * State: CA: Californ

Province: * Country: UNITED STATES * ZIP / Postal Code: 95618

* Phone Number: 530-747-3915 Fax Number: * Email: mtrossi@ucdavis.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment Delete Attachment View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED / /	Applicant Identifier
		3. DATE RECEIVED BY STATE / /	State Application Identifier
4. Federal Identifier 			
5. APPLICANT INFORMATION <div style="display: flex; justify-content: space-between;"><div>* Legal Name: The Regents of the University of California Department: University of CA, Santa Cruz Division: * Street1: 1154 High Street Street2: * City: Santa Cruz County: * State: CA: California Province: * Country: UNITED ST * ZIP / Postal Code: 95604</div><div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED AUG 28 2007 STATE CLEARING HOUSE</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Adina Paytan * Phone Number: 831-459-4882 Fax Number: Email: </div><div>* Organizational DUNS: 125084723</div></div>			
6. * EMPLOYER IDENTIFICATION (EIM) or (TIN): 04-1539563		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education Other (Specify): <div style="display: flex; justify-content: space-around;"><input checked="" type="checkbox"/> Small Business Organization Type<input checked="" type="checkbox"/> Woman Owned<input checked="" type="checkbox"/> Socially and Economically Disadvantaged</div>	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input checked="" type="checkbox"/> B. Decrease Award <input checked="" type="checkbox"/> C. Increase Duration <input checked="" type="checkbox"/> D. Decrease Duration <input checked="" type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		9. * NAME OF FEDERAL AGENCY: Chicago Service Center 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81,049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Organic Matter Composition, Recycling Susceptibility, and the Effectiveness of the Biological Pump-An Evaluation Using NMR Spectra of Marine Plankton			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) n/a			
13. PROPOSED PROJECT: * Start Date * Ending Date 08/01/2007 08/31/2008		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project 17-CA 17-CA	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Adina Paytan Position/Title: * Organization Name: The Regents of the University of California Department: University of CA, Santa Cruz Division: * Street1: 1154 High Street Street2: * City: Santa Cruz County: * State: CA: California Province: * Country: UNITED ST * ZIP / Postal Code: 95604 * Phone Number: 831-459-4882 Fax Number: Email: apaytan@ucsc.edu			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier 06-01653																												
5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation																															
Organizational DUNS: 172070807		Organizational Unit: Department: California Department of Parks and Recreation																													
Address: Street: PO Box 942896 City: Sacramento County: Sacramento State: California Zip Code: 94296-0001 Country: USA		Division: Office of Grants and Local Services Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty Middle Name: Last Name: Ettinger Suffix: Email: betti@parks.ca.gov																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code): (916) 651-8174 Fax Number (give area code): (916) 653-6511																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify):																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-03554		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: North of The River RPD Olive Park East Development 7509 Cecelia Court Bakersfield, CA 93308																													
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 22																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;">40,215.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">4,585.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">91,700.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td style="text-align: right;">136,500.00</td> </tr> </table>		a. Federal	\$		40,215.00	b. Applicant	\$		4,585.00	c. State	\$			d. Local	\$		91,700.00	e. Other	\$			f. Program Income	\$			g. TOTAL	\$		136,500.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$		40,215.00																												
b. Applicant	\$		4,585.00																												
c. State	\$																														
d. Local	\$		91,700.00																												
e. Other	\$																														
f. Program Income	\$																														
g. TOTAL	\$		136,500.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
a. Authorized Representative Prefix: Ms. First Name: Patti Middle Name: Last Name: Keating Suffix: b. Title: Chief c. Telephone Number (give area code): (916) 653-7423 d. Signature of Authorized Representative: <i>Patti Keating</i> e. Date Signed: 8/21/07																															

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01651
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8174 Fax Number (give area code) (916) 653-6511	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-46492		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Maywood Maywood Aquatic Center Development 4801 East 58th Street Maywood, CA 90270	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 34	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 210,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/07	
b. Applicant	\$ 202,533.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 4,050,650.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 4,463,183.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms. First Name Patti		Middle Name	
Last Name Keating		Suffix	
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 8/21/07	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01650	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Parks and Recreation		
Organizational DUNS: 172070807			Division: Office of Grants and Local Services		
Address: Street: PO Box 942896			<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 28 2007 STATE CLEARING HOUSE </div>		
City: Sacramento					
County: Sacramento					
State: California Zip Code: 94296-0001					
Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty Middle Name: Last Name: Ettinger Suffix:		
Email: betti@parks.ca.gov			Phone Number (give area code) (916) 651-8174 Fax Number (give area code) (916) 653-6511		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of California City Marina Pavilions Development 10460 Heather Avenue California City, CA 93505		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-09780			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 21		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	15,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms. First Name Patti Middle Name Last Name Keating Suffix b. Title Chief c. Telephone Number (give area code) (916) 653-7423 d. Signature of Authorized Representative <i>Patti Keating</i> e. Date Signed 8/21/07		
b. Applicant	\$	750.00			
c. State	\$				
d. Local	\$	15,750.00			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	31,500.00			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01646	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Parks and Recreation		
Organizational DUNS: 172070807			Division: Office of Grants and Local Services		
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty		
City: Sacramento			Middle Name		
County: Sacramento			Last Name Ettinger		
State: California Zip Code 94296-0001			Suffix:		
Country: USA			Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-40704			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Lathrop Valverde Park Picnic Shelter Development 15557 Fifth Street Lathrop, CA 95330		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 18		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	40,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/07		
b. Applicant	\$	2,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	42,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	84,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Patti		Middle Name	
Last Name Keating				Suffix	
b. Title Chief				c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative		Patti Keating		e. Date Signed 8/21/07	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01645	
5. APPLICANT INFORMATION				
Legal Name: California - Department of Parks and Recreation			Organizational Unit:	
Organizational DUNS: 172070807			Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento			Prefix: Ms.	First Name: Betty
County: Sacramento			Middle Name	
State: California			Last Name Ettinger	
Zip Code 94296-0001			Suffix:	
Country: USA			Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-41712			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Lindsay Lindsay City Park Soccer Field Development Sequoia and Parkside Avenue Lindsay, CA 93247	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 21	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	125,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/07	
b. Applicant	\$	6,250.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	131,250.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	262,500.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Patti		Middle Name	
Last Name Keating			Suffix	
b. Title Chief			c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>			e. Date Signed 8/21/07	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01644	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit:		
			Department: California Department of Parks and Recreation		
Organizational DUNS: 172070807			Division: Office of Grants and Local Services		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: PO Box 942896			Prefix: Ms. First Name: Betty		
City: Sacramento			Middle Name		
County: Sacramento			Last Name Ettinger		
State: California Zip Code 94296-0001			Suffix:		
Country: USA			Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-13294			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Chowchilla Sports and Leisure Park Picnic Shelter Development 625 North 15th Street Chowchilla, CA 93610		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 19		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/07		
b. Applicant	\$	2,500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	52,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	105,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Patti		Middle Name	
Last Name Keating				Suffix	
b. Title Chief				c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative				e. Date Signed 8/21/07	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01642	
5. APPLICANT INFORMATION				
Legal Name: California - Department of Parks and Recreation		Organizational Unit:		
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation		
Address:		Division: Office of Grants and Local Services		
Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Ms. First Name: Betty		
County: Sacramento		Middle Name		
State: California Zip Code 94296-0001		Last Name Ettinger		
Country: USA		Suffix:		
		Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174 Fax Number (give area code) (916) 653-6511		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-24638		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Folsom Hinkle Creek 7000 Baldwin Dam Road Folsom, CA 95630		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 03		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 60,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/07		
b. Applicant	\$ 3,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 60,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 123,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Patti	Middle Name		
Last Name Keating	Suffix			
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423			
d. Signature of Authorized Representative	e. Date Signed 8/21/07			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01641
5. APPLICANT INFORMATION				
Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807			Division: Office of Grants and Local Services	
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento			Middle Name	
County: Sacramento			Last Name Ettinger	
State: California Zip Code: 94296			Suffix:	
Country: USA			Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-18100			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Davis Playfields Park Soccer Field Development 2500 Research Park Drive Davis, CA 95618	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 01	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	116,146.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/07	
b. Applicant	\$	37,042.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	740,925.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	894,113.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Patti		Middle Name	
Last Name Keating			Suffix	
b. Title Chief			c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>			e. Date Signed 8/21/07	

Application for Federal Assistance SF-424		Version 02	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____	
3. Date Received: _____		4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____		*5b. Federal Award Identifier: _____	
State Use Only:		<div>RECEIVED AUG 28 2007 STATE CLEARING HOUSE</div>	
6. Date Received by State: _____			7. State Application Identifier: _____
8. APPLICANT INFORMATION:			
*a. Legal Name: MERCY HOUSING CALIFORNIA			
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3081666		*c. Organizational DUNS: 883200900	
d. Address:			
*Street 1: 3120 FREEBOARD DRIVE, STE. 202			
Street 2: _____			
*City: WEST SACRAMENTO			
County: YOLO			
*State: CA			
Province: _____			
*Country: USA			
*Zip / Postal Code 95691			
e. Organizational Unit:			
Department Name: COMMUNITY DEVELOPMENT		Division Name: WEST SACRAMENTO	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: MR.		*First Name: DAVID	
Middle Name: _____			
*Last Name: WILKINSON			
Suffix: _____			
Title: DIRECTOR OF COMMUNITY DEVELOPMENT			
Organizational Affiliation: PRIVATE NON PROFIT			
*Telephone Number: 916-414-4419		Fax Number: 916-414-4492	
*Email: DWILKINSON@MERCYHOUSING.ORG			

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

Rural Housing Preservation Grants

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2007

*Title:

HOUSING PRESERVATION GRANT 2007

13. Competition Identification Number:

Title:

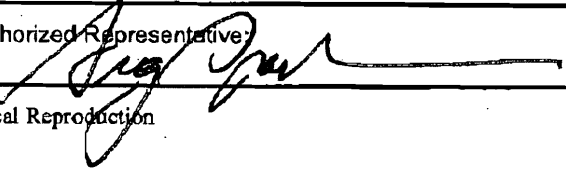
14. Areas Affected by Project (Cities, Counties, States, etc.):

CITY OF BIGGS

***15. Descriptive Title of Applicant's Project:**

MERCY HOUSING CALIFORNIA HOUSING PRESERVATION PROGRAM

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: DISTRICT 1	*b. Program/Project: DISTRICT 2	
17. Proposed Project:		
*a. Start Date: OCTOBER 2007	*b. End Date: SEPTEMBER 2008	
18. Estimated Funding (\$):		
*a. Federal	\$50,000.00	
*b. Applicant		
*c. State		
*d. Local		
*e. Other	\$195,000.00	
*f. Program Income		
*g. TOTAL	\$245,000.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>August 28, 2007</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>GREG</u>	
Middle Name: _____		
*Last Name: <u>SPARKS</u>		
Suffix: _____		
*Title: VICE PRESIDENT		
*Telephone Number: 916-414-4439		Fax Number: 916-414-4490
* Email: GSPARKS@MERCYHOUSING.ORG		
*Signature of Authorized Representative: 		*Date Signed: August 28, 2007

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

**PART I - FACESHEET
APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED TO CORPORATION FOR
NATIONAL AND COMMUNITY SERVICE
(CNCS)

August 28, 2007

Applicant Identifier

07VS079242

1. TYPE OF SUBMISSION:
Application

Pre-application

☐ Construction
☒ Non-Construction

☐ Construction
☒ Non-Construction

3. a. DATE RECEIVED BY STATE

3 b. State Application Identifier

4. a. DATE RECEIVED BY CNCS

4 b. CNCS Grant Number

5. APPLICANT INFORMATION

5 a. Legal Name:

Plumas Rural Services

5.b. Organizational DUNS:

198679532

5.c Address: (give street address, city, county, state and zip code)

586 Jackson Street
Quincy, CA 95971

RECEIVED

AUG 28 2007

STATE CLEARING HOUSE

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION
(give area code)

NAME: Leslie Wall, Coordinator

TELEPHONE NUMBER: (530) 283 - 3611

FAX NUMBER: (530) 283 - 3647

INTERNET E-MAIL ADDRESS: lwall@plumasruralservices.org

WEBSITE: www.plumasruralservices.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-2722880

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Augmentation: ☐ B. Budget Revision ☐

C. No Cost Extension ☐ to (enter date)

E Other (specify below): ☐

7. a TYPE OF APPLICANT: (Enter appropriate letter in box:)

☐

- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District
- H. Independent School District
- I. State Controlled Institution of Higher Learning
- J. Private University
- K. Indian Tribe
- L. Individual
- M. Profit Organization
- N. Other (Specify)
- O. Not for Profit Organization

Other (specify)

7 b. CNCS APPLICANT CHARACTERISTICS

Enter appropriate code in each blank: 7

10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

94 - 013

TITLE (Name of Program): AmeriCorps*VISTA

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

11. a. TITLE OF APPLICANT'S PROJECT:

Community Connections Time Bank

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):

Plumas County, CA

11 b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT START DATE: 09/16/2007 END DATE: 09/16/2008

14: ESTIMATED FUNDING

a. Federal \$ 35,610.00
b. Applicant \$ 47,469.40
c. State \$ N/A
d. Local \$ N/A
e. Other \$ N/A
f. Program Income \$ N/A
g. Total \$ 83,079.40

15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: August 28, 2007

B. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Michele Lynn Pillar

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

(530) 283-3611

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

DATE SIGNED:

August 28, 2007

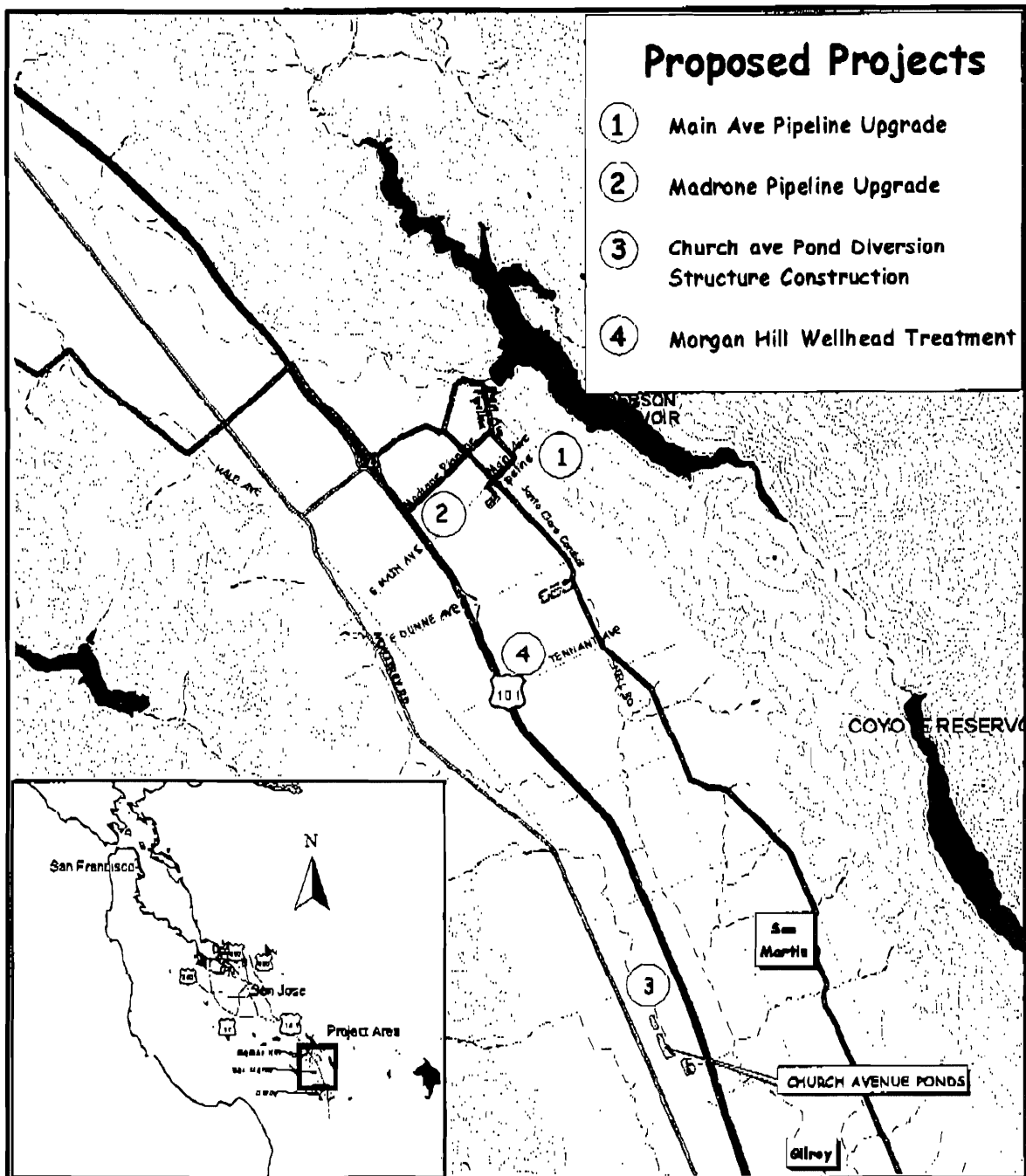
OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Proapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Other (Specify)
* 3. Date Received: Completed by (grants.gov upon submission):		4. Applicant Identifier: Santa Clara Valley Water District
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: Santa Clara Valley Water District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1695531		* c. Organizational DUNS: 69128999
d. Address:		
* Street1: 5750 Almaden Expressway Street2: * City: San Jose County: Santa Clara * State: California Province: * Country: * Zip / Postal Code: 95118		
e. Organizational Unit:		
Department Name: Groundwater Management		Division Name: Santa Clara Valley Water District
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. * First Name: Thomas Middle Name: Kurt * Last Name: Mohr Suffix:		
Title: Perchlorate Project Manager		
Organizational Affiliation: Groundwater Management Unit, Santa Clara Valley Water District		
* Telephone Number: 408-265-2607-2051		Fax Number: 408-979-5639
* Email: tmohr@valleywater.org		



OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant CA-016	* b. Program/Project CA-011, CA-016	
Attach an additional list of Program/Project Congressional Districts if needed.		
Add Attachment		
17. Proposed Project:		
* a. Start Date: 11/1/07	* b. End Date: 12/31/2016	
18. Estimated Funding (\$):		
* a. Federal	\$3,934,300.00	
* b. Applicant	\$13,850,801.26	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	\$17,785,101.26	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	* First Name: Stanley	
Middle Name: M.		
* Last Name: Williams		
Suffix:		
* Title: Chief Executive Officer		
* Telephone Number: (408) 265-2607x2250		Fax Number: (408) 267-7442
* Email: swilliams@valleywater.org		
* Signature of Authorized Representative:		* Date Signed:



OMB Number: 4040-0004

Expiration Date: 07/31/2006

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: D. Special District Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify):	
* 10. Name of Federal Agency: U.S. EPA Region IX	
11. Catalog of Federal Domestic Assistance Number: 66-606 CFDA Title: State and Tribal Assistance Grant	
* 12. Funding Opportunity Number: 05-80 * Title: Appropriations Act of 2005: Santa Clara Valley Water District Perchlorate Account	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Morgan Hill, Gilroy, San Martin - see attached map	
* 15. Descriptive Title of Applicant's Project: Llagas Groundwater Subbasin Perchlorate Mitigation and Water Supply Infrastructure Improvement Work Plan	
Attach supporting documents as specified in agency instructions. Add Attachments Delete Attachments View Attachments	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED May 2007	Applicant Identifier	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY AGENCY	Federal Identifier <Enter Grant Number if Known>	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit: City		
City of Avalon		Department:		
Organizational DUNS: 079623955		Division:		
Address:		Name and telephone of person to be contacted on matters involving this application (give area code)		
Street: P.O. Box 707		Prefix:	First Name: Carol	
City: Avalon		Middle Name:		
County: Los Angeles		Last Name: Ford		
State: California		Suffix:		
Zip Code: 90704		Email: Ford@airportgrants.com		
Country: United States		Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Fax Number (give area code)		
9 5 - 6 0 0 0 6 6 9		(650) 591 - 8308		(650) 591 - 8371
8. TYPE OF APPLICATION		7. TYPE OF APPLICANT (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		C		
Other (specify)		Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.		9. NAME OF FEDERAL AGENCY:		
2 0 - 1 0 6		Federal Aviation Administration		
TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		1. Phase One Site Selection Study		
City of Avalon, Catalina, Los Angeles County		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 30 2007 STATE CLEARING HOUSE </div>		
13. PROPOSED PROJECT				
Start Date: 9/2007		Ending Date: 10/2008		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:		
a. Federal		a. Applicant		b. Project
\$ 225,000.00		California 46th District		CA 46th District
b. Applicant		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
\$ 11,800.00		a. YES. <input type="checkbox"/>		
c. State		THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
\$.00		DATE: _____		
d. Local		b. NO. <input checked="" type="checkbox"/>		
\$.00		PROGRAM IS NOT COVERED BY E.O. 12372		
e. Other		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
\$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income		<input type="checkbox"/> Yes, If "Yes", attach an explanation		
\$.00		<input checked="" type="checkbox"/> No		
g. TOTAL				
\$ 236,800.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name: Bob		Middle Name:
Last Name: Kennedy		Suffix:		
b. Title: Mayor		c. Telephone: 310-510-0220		
d. Signature of Authorized Representative:		e. Date Signed: 7-6-07		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED August 30, 2007	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Central Sierra Economic Development District			Organizational Unit: Department: None		
Organizational DUNS: 157658485			Division:		
Address: Street: 53 West Bradford, Suite 200 City: Sonora County: Tuolumne State: CA Country: US			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Larry Middle Name Last Name Busby Suffix: Email: cspc@mlode.com		
Zip Code 95370			RECEIVED AUG 30 2007 STATE CLEARING HOUSE		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 8 8 6 8 1			Phone Number (give area code) 209-532-8960		Fax Number (give area code) 209-532-7599
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Economic Development District		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 2 TITLE (Name of Program): Economic Development Support for Planning			9. NAME OF FEDERAL AGENCY: Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alpine, Amador, Calaveras and Tuolumne Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Areawide Economic Development Planning and Implementation		
13. PROPOSED PROJECT Start Date: 7/1/06 Ending Date: 6/30/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 and 19 b. Project 3 and 19		
15. ESTIMATED FUNDING: a. Federal \$ 26,000 b. Applicant \$ 26,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 52,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 27, 2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Mr. Last Name Busby b. Title Executive Director d. Signature of Authorized Representative 			First Name Larry Middle Name Suffix c. Telephone Number (give area code) 209-532-8960 e. Date Signed August 30, 2007		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

DOT**FTA****U.S. Department of Transportation****Federal Transit Administration**

Application for Federal Assistance

Recipient ID:	1697		
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO		
Project ID:	CA-04-0051-00		
Budget Number:	1 - Budget Pending Approval		
Project Information:	Islais Creek & ITS-AVL (NextBus) fu	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED AUG 30 2007 STATE CLEARING HOUSE </div>	

Part 1: Recipient Information

Project Number:	CA-04-0051-00		
Recipient ID:	1697		
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO		
Address:	1 South Van Ness Ave 7th Floor, SAN FRANCISCO, CA 94103 0000		
Telephone:	(415) 701-4337		
Facsimile:	(415) 701-4734		

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$2,257,200
Project Number:	CA-04-0051-00	Adjustment Amt:	\$0
Project Description:	Islais Creek & ITS-AVL (NextBus) fu	Total Eligible Cost:	\$2,257,200
Recipient Type:	City	Total FTA Amt:	\$1,805,760
FTA Project Mgr:	Jeffrey Davis	Total State Amt:	\$0
Recipient Contact:	Jerry Levine	Total Local Amt:	\$451,440
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jan. 15, 2008 - Dec. 30, 2012		

Recvd. By State:	Jul. 06, 2007	Est. Oblig Date:	None Specified
EO 12372 Rev:	NO	Pre-Award Authority?:	Yes
Review Date:	None Specified	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 14, 2007		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60060	SAN FRANCISCO--OAKLAND, CA

Congressional Districts

State ID	District Code	District Official
6	8	Nancy Pelosi
6	12	Tom Lantos

Earmarks

Earmark Details

Earmark ID	Earmark Name	Orig. Balance	Amount Applied
E2007-BUSP-0115	San Francisco, CA Construct	\$1,203,840	\$1,203,840
E2007-BUSP-0116	San Francisco, CA Implement	\$601,920	\$601,920

Number of Earmarks: 2

Total Amount Applied: \$1,805,760

Date Sent for Release: 8/1/2007 8:29:53 PM

Date Released:

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	0	\$1,203,840.00	\$1,504,800.00
<u>ACTIVITY</u>			
11.43.02 DESIGN/CONSTRUCT - ISLAIS CREEK MAINTENANCE FACILITY	0	\$1,203,840.00	\$1,504,800.00
<u>SCOPE</u>			
116-00 SIGNAL & COMM EQUIPMENT (BUS)	0	\$601,920.00	\$752,400.00
<u>ACTIVITY</u>			
11.62.20 PURCHASE/INSTALL AVL COMMUNICATIONS EQUIP	0	\$601,920.00	\$752,400.00
Estimated Total Eligible Cost:			\$2,257,200.00
Federal Share:			\$1,805,760.00
Local Share:			\$451,440.00

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Project ID:	CA-05-0215-00
Budget Number:	1 - Budget Approved
Project Information:	FY 2007 Fixed Guideway Application

RECEIVED

AUG 30 2007

STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-05-0215-00
Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Address:	1 South Van Ness Ave 7th Floor, SAN FRANCISCO, CA 94103 0000
Telephone:	(415) 701-4337
Facsimile:	(415) 701-4734

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$58,184,276
Project Number:	CA-05-0215-00	Adjustment Amt:	\$0
Project Description:	FY 2007 Fixed Guideway Application	Total Eligible Cost:	\$58,184,276
Recipient Type:	City	Total FTA Amt:	\$46,547,421
FTA Project Mgr:	Jeff Davis	Total State Amt:	\$0
Recipient Contact:	Jerry Levine	Total Local Amt:	\$11,636,855
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-4	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Sep. 01, 2007 - Dec. 30, 2011		

Recvd. By State:	Jul. 06, 2007	Est. Oblig Date:	None Specified
EO 12372 Rev:	Not Applicable	Pre-Award Authority?:	Yes
Review Date:	None Specified	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 14, 2007		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60060	SAN FRANCISCO-OAKLAND, CA

Congressional Districts

State ID	District Code	District Official
6	8	Nancy Pelosi
6	12	Tom Lantos

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
122-00 RAIL TRANSITWAY LINES	0	\$23,344,000.00	\$29,180,000.00
<u>ACTIVITY</u>			
12.24.20 CABLE CAR INFRASTRUCTURE REHAB/RENOV	0	\$7,500,000.00	\$9,375,000.00

12.24.03 MUNI RAIL REPLACEMENT	0	\$13,000,000.00	\$16,250,000.00
12.24.03 WAYSIDE/CENTRAL SIGNAL SYSTEMS AND TRAIN CONTROL	0	\$2,844,000.00	\$3,555,000.00
<u>SCOPE</u>			
121-00 REHAB/REBUILD RAIL CARS	10	\$7,669,296.00	\$9,586,620.00
<u>ACTIVITY</u>			
12.14.30 REHAB/REBUILD CABLE CARS	2	\$806,400.00	\$1,008,000.00
12.14.26 REHAB/REBUILD HISTORIC RAIL CARS	3	\$2,294,104.00	\$2,867,630.00
12.14.20 REHAB/REBUILD LIGHT RAIL CARS	5	\$4,568,792.00	\$5,710,990.00
<u>SCOPE</u>			
115-00 ELECTRIFICATION/POWER DIST (BUS)	0	\$13,000,000.00	\$16,250,000.00
<u>ACTIVITY</u>			
11.54.20 OVERHEAD LINES RECONSTRUCTION	0	\$13,000,000.00	\$16,250,000.00
<u>SCOPE</u>			
124-00 SUPPORT EQUIP/FACILITIES (RAIL)	0	\$2,534,125.00	\$3,167,656.00
<u>ACTIVITY</u>			
12.43.02 CONSTRUCT METRO EAST MAINTENANCE FACILITY	0	\$2,534,125.00	\$3,167,656.00
Estimated Total Eligible Cost:			\$58,184,276.00
Federal Share:			\$46,547,421.00
Local Share:			\$11,636,855.00